

RELINQUISHMENT
Out of County
 (Birth Mother and/or Presumed Father)

On this _____ day of _____, 19____,

the _____

Name of Agency

hereby signifies its willingness to accept the annexed relinquishment
 and to accept said child for adoption.

By _____

Authorized Agency Official

I/We, the parent(s) of _____, a minor

_____ Child, born _____

Sex

Date

City

State

do hereby relinquish and surrender said minor child for adoption to _____

Agency Name

Agency Address

Agency Telephone Number

an organization licensed by the State Department of Social Services or authorized by Welfare and Institutions Code Section 16130 to find homes for children and to place children in homes for adoption. It is fully understood by me/us that when this relinquishment is filed with the headquarters office of the State Department of Social Services--Adoptions Branch by said agency, all my/our rights to the custody, services and earnings of said minor child and any responsibility for the care and support of said minor child will be terminated.

Date _____

The foregoing instrument was, at the date thereof, by the said _____, signed in the presence of us, who have signed the same as witnesses thereto.

STATE OF CALIFORNIA

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ss.

County of _____

On this _____ day of _____, 19____, before me, _____

_____ an authorized official of the _____

an organization licensed by the Department of Social Services of the State of California/an authorized official of the California State Department of Social Services, an organization authorized by Welfare and Institutions Code Section 16130 to find homes for children and place children in homes for adoption, personally appeared _____ known to me to be the person whose name is subscribed to the within instrument and acknowledged to me that he/she/they executed the same.

Authorized Official of Agency